

DOCKET NO.: CS24539RA

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Number of Pages (including this page)

**Date:** 6/14/05**To:** Commissioner for Patents**Location:** United States Patent and Trademark Office**Fax No.:** (703) 872-9306**From:** Hisashi D. Watanabe

Registration No. 37,465

**Subject:** Serial No. 10/804,355

Docket No. CS24539RA

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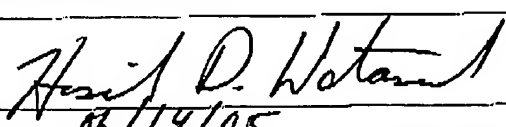
**EXAMINER:**  
**GROUP ART UNIT:** 2611  
**SERIAL NO.:** 10/804,355  
**FILED:** 03/19/2004  
**INVENTOR:** Lau, Vincent W. et al.

DOCKET NO.: CS24539RA

|  |   |                        |                        |
|--|---|------------------------|------------------------|
| <b>TRANSMITTAL<br/>FORM</b>              |   | Application Number     | 10/804,355             |
|  |   | Filing Date            | 03/19/2004             |
|  |   | First Named Inventor   | Lau, Vincent W. et al. |
|  |   | Group Art Unit         | 2611                   |
|  |   | Examiner Name          |                        |
| Total Number of Pages in this Submission | 8 | Attorney Docket Number | CS24539RA              |

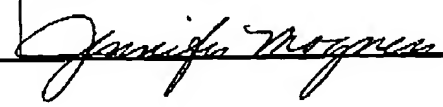
| ENCLOSURES  |  | (check all that apply)  |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Assignment Papers<br>(for an Application)                             | <input type="checkbox"/> After Allowance<br>Communication to Group                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Licensing-Related papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/Declaration(s)                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                   | <input type="checkbox"/> Status Letter with appropriate copies                                |
| <input type="checkbox"/> Extension of time Request                              | <input type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)                |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> PTO/SB/D8A  |
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| <input type="checkbox"/> Certified Copy of Priority Documents                   | <input type="checkbox"/> CD, Number of CDs   |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   | Remarks  |   |
| <input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

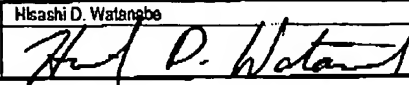
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| Firm or<br>Individual | Hisashi D. Watanabe   | Registration No. | 37,465 |
| Signature             |  |                  |        |
| Date                  | 06/14/05  |                  |        |

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| Typed or printed name | Jennifer Magness  | Date | 6/14/05 |
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| <b>FEE TRANSMITTAL</b><br>Patent fees are subject to annual revision<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                |   |                | <b>Complete If Known</b><br>Application Number: 10/804,355<br>Filing Date: 03/19/2004<br>First Named Inventor: Lau, Vincent W. et al.<br>Examiner Name:<br>Group Art Unit: 2611<br>Attorney Docket No.: CS24539RA   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
|---|----------------|---|----------------|---|------------------|--|---------------|---------------|------------------|--------------|---------------|-----------------|-----------------------|--|-----------------------|----------------|-----------------------|---------------|------|-----|-------------------------------------|------|-----|------|----|-------------------------------------|------|-----|------|-----|---------------------------|------|------|-------|------|---|------|------|------|------|--|---------|-------|------|-------|---|------|-----|------|-------------|--|------|-----|------|-----|---|------|--|------|-----|--|--------------|--------------|----------|---------------|---|--------|------|------|---|--|------|-----|---------------|--------------|------------------|---------------|-------------|---------|-----|--|------|------|------|-----|--------------------------|------|------|------|------|---|------|-----|------|-----|----------------------------------|------|------|------|-----|------------------------------------|------|------|------|-----|-------------------------------|------|-----|------|-----|------------------|------|------|------|-----|-----------------|------|-----|------|-----|-------------------------------|------|----|------|----|-------------------------------------|------|-----|------|-----|-------------------|------|----|------|----|--|------|-----|------|-----|---|------|-----|------|-----|--|------|-----|------|-----|-----------------------------------|------|-----|------|-----|---|
| TOTAL AMOUNT OF PAYMENT (\$)  |                |   |                | 0.00  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| METHOD OF PAYMENT (check all that apply)  |                |   |                | FEE CALCULATION (continued)   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |                |   |                | 4. ADDITIONAL FEES  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 502117<br>Deposit Account Name: Motorola, Inc.<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.  |                |   |                | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIF prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIF after Examiner action</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td></tr> <tr><td>1453</td><td>1500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td></tr> <tr><td>1501</td><td>1400</td><td>2501</td><td>700</td><td>Utility issue fee (or rehear)</td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td><td>Plant issue fee</td></tr> <tr><td>1480</td><td>130</td><td>1480</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(a)</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.129(a))</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td></tr> </tbody> </table> |                  |  |               | Large Entity  |                  | Small Entity |               | Fee Description | Fee Code              | Fee (\$)   | Fee Code              | Fee (\$)       | 1051                  | 130           | 2051 | 65  | Surcharge - late filing fee or oath | 1052 | 50  | 2052 | 25 | Surcharge - late Provisional filing | 1053 | 130 | 1053 | 130 | Non-English specification | 1812 | 2520 | 1812  | 2520 | For filing a request for ex parte Reexamination | 1804 | 920* | 1804 | 920* | Requesting publication of SIF prior to Examiner action | 1805    | 1840* | 1805 | 1840* | Requesting publication of SIF after Examiner action | 1251 | 120 | 2251 | 60          | Extension for reply within first month | 1252 | 450 | 2252 | 225 | Extension for reply within second month | 1253 | 1020   | 2253 | 510 | Extension for reply within third month | 1254         | 1590         | 2254     | 795           | Extension for reply within fourth month | 1255   | 2160 | 2255 | 1080  | Extension for reply within fifth month | 1401 | 500 | 2401          | 250          | Notice of Appeal | 1402          | 500         | 2402    | 250 | Filing a brief in support of an appeal | 1403 | 1000 | 2403 | 500 | Request for oral hearing | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | 1453 | 1500 | 2453 | 750 | Petition to revive - unintentional | 1501 | 1400 | 2501 | 700 | Utility issue fee (or rehear) | 1502 | 800 | 2502 | 400 | Design issue fee | 1503 | 1100 | 2503 | 550 | Plant issue fee | 1480 | 130 | 1480 | 130 | Petitions to the Commissioner | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(a) | 1806 | 180 | 1806 | 180 | Submission of IDS | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(a)) | 1801 | 790 | 2801 | 395 | Request for Continued Examination | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |
| Large Entity  |                | Small Entity  |                | Fee Description   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Fee Code  | Fee (\$)       | Fee Code  | Fee (\$)       |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1051  | 130            | 2051  | 65             | Surcharge - late filing fee or oath   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1052  | 50             | 2052  | 25             | Surcharge - late Provisional filing   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1053  | 130            | 1053  | 130            | Non-English specification   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1812  | 2520           | 1812  | 2520           | For filing a request for ex parte Reexamination   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1804  | 920*           | 1804  | 920*           | Requesting publication of SIF prior to Examiner action  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1805  | 1840*          | 1805  | 1840*          | Requesting publication of SIF after Examiner action   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1251  | 120            | 2251  | 60             | Extension for reply within first month  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1252  | 450            | 2252  | 225            | Extension for reply within second month   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1253  | 1020           | 2253  | 510            | Extension for reply within third month  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1254  | 1590           | 2254  | 795            | Extension for reply within fourth month   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1255  | 2160           | 2255  | 1080           | Extension for reply within fifth month  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1401  | 500            | 2401  | 250            | Notice of Appeal  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1402  | 500            | 2402  | 250            | Filing a brief in support of an appeal  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1403  | 1000           | 2403  | 500            | Request for oral hearing  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1451  | 1510           | 1451  | 1510           | Petition to institute a public use proceeding   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1452  | 500            | 2452  | 250            | Petition to revive - unavoidable  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1453  | 1500           | 2453  | 750            | Petition to revive - unintentional  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1501  | 1400           | 2501  | 700            | Utility issue fee (or rehear)   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1502  | 800            | 2502  | 400            | Design issue fee  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1503  | 1100           | 2503  | 550            | Plant issue fee   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1480  | 130            | 1480  | 130            | Petitions to the Commissioner   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1807  | 50             | 1807  | 50             | Processing fee under 37 CFR 1.17(a)   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1806  | 180            | 1806  | 180            | Submission of IDS   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 8021  | 40             | 8021  | 40             | Recording each patent assignment per property (times number of properties)  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1809  | 790            | 2809  | 395            | Filing a submission after final rejection (37 CFR § 1.129(a))   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1810  | 790            | 2810  | 395            | For each additional invention to be examined (37 CFR § 1.129(a))  |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1801  | 790            | 2801  | 395            | Request for Continued Examination   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| 1802  | 900            | 1802  | 900            | Request for expedited examination of a design application   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| FEE CALCULATION   |                |   |                |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr> <tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr> <tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr> <tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr> <tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr> </tbody> </table> |                |   |                | Application Type  | FILING FEES      |  | SEARCH FEES   |               | EXAMINATION FEES |              | Fee Paid (\$) | Large Fee (\$)  | Small Entity Fee (\$) | Large Fee (\$)   | Small Entity Fee (\$) | Large Fee (\$) | Small Entity Fee (\$) | Utility       | 300  | 150 | 500                                 | 250  | 200 | 100  |    | Design                              | 200  | 100 | 100  | 50  | 130                       | 65   |      | Plant | 200  | 100   | 300  | 150  | 160  | 80   |  | Reissue | 300   | 150  | 500   | 250   | 600  | 300 |      | Provisional | 200                                    | 100  | 0   | 0    | 0   | 0                                       |      | <b>2. EXTRA CLAIM FEES</b><br>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent: 50<br>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent: 200<br>Multiple Dependent Claims: 360<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP =</td> <td>x 50 =</td> <td></td> <td></td> </tr> <tr> <td>HP = highest number of total claims paid for, if greater than 3</td> <td></td> <td>360</td> <td></td> </tr> </tbody> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 3 or HP =</td> <td>x 200 =</td> <td></td> <td></td> </tr> </tbody> </table> |      |     |  | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | - 20 or HP =                            | x 50 = |      |      | HP = highest number of total claims paid for, if greater than 3 |  | 360  |     | Indep. Claims | Extra Claims | Fee (\$)         | Fee Paid (\$) | - 3 or HP = | x 200 = |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Application Type  | FILING FEES    |   | SEARCH FEES    |   | EXAMINATION FEES |  | Fee Paid (\$) |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
|   | Large Fee (\$) | Small Entity Fee (\$)   | Large Fee (\$) | Small Entity Fee (\$)   | Large Fee (\$)   | Small Entity Fee (\$)                            |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Utility   | 300            | 150   | 500            | 250   | 200              | 100  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Design  | 200            | 100   | 100            | 50  | 130              | 65   |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Plant   | 200            | 100   | 300            | 150   | 160              | 80   |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Reissue   | 300            | 150   | 500            | 250   | 600              | 300  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Provisional   | 200            | 100   | 0              | 0   | 0                | 0  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Total Claims  | Extra Claims   | Fee (\$)  | Fee Paid (\$)  |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| - 20 or HP =  | x 50 =         |   |                |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| HP = highest number of total claims paid for, if greater than 3   |                | 360   |                |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Indep. Claims   | Extra Claims   | Fee (\$)  | Fee Paid (\$)  |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| - 3 or HP =   | x 200 =        |   |                |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| <b>3. APPLICATION SIZE FEE</b><br>If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)<br>For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(a).<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td></td> <td></td> <td>x 250 =</td> <td></td> </tr> </tbody> </table>   |                |   |                | Total Sheets  | Extra Sheets     | Number of each additional 50 or fraction thereof | Fee (\$)      | Fee Paid (\$) | - 100 =          |              |               | x 250 =         |                       | <b>5. OTHER FEE(S) (specify)</b><br>Non-English Specification: \$130 fee (no small entity discount)<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr><td></td></tr> </tbody> </table> |                       |                |                       | Fee Paid (\$) |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Total Sheets  | Extra Sheets   | Number of each additional 50 or fraction thereof                                    | Fee (\$)       | Fee Paid (\$)   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| - 100 =   |                |   | x 250 =        |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Fee Paid (\$)   |                |   |                |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
|   |                |   |                |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| SUBMITTED BY  |                |   |                |   |                  |  |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Name (Print/Type)   |                | Hisashi D. Watanabe   |                | Registration No.  |                  | 37,465   |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
| Signature   |                |  |                | Telephone   |                  | 847-523-2322                                     |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |
|   |                |   |                | Date  |                  | 06/19/05   |               |               |                  |              |               |                 |                       |  |                       |                |                       |               |      |     |                                     |      |     |      |    |                                     |      |     |      |     |                           |      |      |       |      |   |      |      |      |      |  |         |       |      |       |   |      |     |      |             |  |      |     |      |     |   |      |  |      |     |  |              |              |          |               |   |        |      |      |   |  |      |     |               |              |                  |               |             |         |     |  |      |      |      |     |                          |      |      |      |      |   |      |     |      |     |                                  |      |      |      |     |                                    |      |      |      |     |                               |      |     |      |     |                  |      |      |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |                                   |      |     |      |     |   |

DOCKET NO.: CS24539RA

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Lau, Vincent W. et al. Group Art Unit: 2611  
Application No.: 10/804,355 Examiner:  
Date Filed: 03/19/2004  
Title: System and Method for Managing Time-To-Live Information of Media Content

JUN 14 2005

## INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner For Patents  
Alexandria, VA 22313

SIR:

In accordance with 37 C.F.R. §1.56 and in compliance with 37 C.F.R. §§1.97 and 1.98, the references listed on attached Form PTO/SB/08 and/or subsequently identified herein, are for consideration by the United States Patent and Trademark Office. Pursuant to the Office waiving the requirement under 37 CFR 1.98 (a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003 and for all international applications that have entered the national stage under 35 USC §371 after June 30, 2003, copies of the reference are not submitted herewith.

I. ☐ THIS IDS IS BEING FILED UNDER 37 C.F.R. §1.97(b)-(d): (check only one box)

- a. ☐ within three months of the filing date of a national application other than a continued prosecution application under § 1.53(d); within three months of the date of entry of the national stage as set forth in § 1.491 in an international application; before the mailing date of a first Office Action on the merits; and/or before the mailing date of a first Office Action after the filing of a request for continued examination under § 1.114. No fee or statement is required.
- b. ☐ before the mailing date of any of a Final Office Action under 37 C.F.R. §1.113, a Notice of Allowance under 37 C.F.R. §1.311, or an action that otherwise closes prosecution in the application. Petition fee set forth in §1.17(p) is required unless a statement under 37 C.F.R. §1.97(e) is provided.
- c. ☐ on or before payment of the issue fee. Petition fee set forth in §1.17(p) and a statement under 37 C.F.R. §1.97(e) are required.

II. ☒ STATEMENT UNDER 37 C.F.R. §1.97(e) (check only one box, if applicable)

The undersigned hereby states that

- a. ☒ each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of IDS; or
- b. ☐ no item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application, and to knowledge of the person signing the statement after making reasonable inquiry, no item of information contained in the IDS was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing of this statement, or
- c. ☐ some of the items of information contained in the IDS were cited in a communication from a foreign Patent Office. As to this information, the undersigned states that each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this IDS. As to the remaining information, the undersigned hereby states that no item of this remaining information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application or, to the knowledge of the person signing the statement after making reasonable inquiry, no item of information contained in the IDS was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing of this statement.

DOCKET NO.: CS24539RA

III. PAYMENT OF FEES

- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the above-identified fee(s).  
☐ Please charge Deposit Account 502117 in the amount of \$\_\_\_\_\_ for the above-indicated fee(s).  
☒ If Applicant has overlooked any additional fees, or if any overpayment has been made, the Commissioner is hereby authorized to credit or debit Deposit Account 502117.  
☒ Two Copies of this paper are attached for Deposit Account charges and debits.

The above references are being cited only in the interests of candor and without any admission that they constitute statutory prior art or contain matter which anticipates the invention or which would render the same obvious, either singly or in a combination, to a person of ordinary skill in the art.

Respectfully submitted,  
Lau, Vincent W. et al.

*Hisashi D. Watanabe* 06/14/05

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Tel. 847-523-2322

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Enclosures: ☒ Information Disclosure  
Statement by Applicant  
☐ References  
☒ Foreign Search Report  
☐ Other:

